

Cost Comparisons for

This chart shows your monthly cost for each of the health care options and basic life. This is the cost to the employee after the

	Medical	Behavioral/EAP	Prescription Drug
Employee Only			
BCBS PPO	\$178.59	\$4.29	\$47.73
QualChoice POS	\$181.15	\$4.29	\$47.73
Health Advantage POS	\$173.25	\$4.29	\$47.73
Health Advantage HMO	\$165.89	\$4.29	\$47.73
QualChoice HMO	\$167.03	\$4.29	\$47.73
Employee & Spouse			
BCBS PPO	\$498.28	\$8.58	\$128.69
QualChoice POS	\$505.38	\$8.58	\$128.69
Health Advantage POS	\$483.38	\$8.58	\$128.69
Health Advantage HMO	\$462.84	\$8.58	\$128.69
QualChoice HMO	\$466.00	\$8.58	\$128.69
Employee & Child(ren)			
BCBS PPO	\$321.47	\$6.86	\$83.92
QualChoice POS	\$326.07	\$6.86	\$83.92
Health Advantage POS	\$311.85	\$6.86	\$83.92
Health Advantage HMO	\$298.61	\$6.86	\$83.92
QualChoice HMO	\$300.63	\$6.86	\$83.92
Employee & Family			
BCBS PPO	\$500.05	\$14.15	\$129.15
QualChoice POS	\$507.19	\$14.15	\$129.15
Health Advantage POS	\$485.11	\$14.15	\$129.15
Health Advantage HMO	\$464.51	\$14.15	\$129.15
QualChoice HMO	\$467.67	\$14.15	\$129.15

Active Employees

state contribution has been applied. It does not include the additional contribution that some districts make for employees.

Life &	Retirement	Total Monthly	State	Total Monthly
AD&D	Subsidy	Premium	Contribution	Employee Cost
\$0.65	\$11.20	\$242.46	(\$114.00)	\$128.46
\$0.65	\$11.20	\$245.02	(\$114.00)	\$131.02
\$0.65	\$11.20	\$237.12	(\$114.00)	\$123.12
\$0.65	\$11.20	\$229.76	(\$114.00)	\$115.76
\$0.65	\$11.20	\$230.90	(\$114.00)	\$116.90
\$0.65	\$11.20	\$647.40	(\$114.00)	\$533.40
\$0.65	\$11.20	\$654.50	(\$114.00)	\$540.50
\$0.65	\$11.20	\$632.50	(\$114.00)	\$518.50
\$0.65	\$11.20	\$611.96	(\$114.00)	\$497.96
\$0.65	\$11.20	\$615.12	(\$114.00)	\$501.12
\$0.65	\$11.20	\$424.10	(\$114.00)	\$310.10
\$0.65	\$11.20	\$428.70	(\$114.00)	\$314.70
\$0.65	\$11.20	\$414.48	(\$114.00)	\$300.48
\$0.65	\$11.20	\$401.24	(\$114.00)	\$287.24
\$0.65	\$11.20	\$403.26	(\$114.00)	\$289.26
\$0.65	\$11.20	\$655.20	(\$114.00)	\$541.20
\$0.65	\$11.20	\$662.34	(\$114.00)	\$548.34
\$0.65	\$11.20	\$640.26	(\$114.00)	\$526.26
\$0.65	\$11.20	\$619.66	(\$114.00)	\$505.66
\$0.65	\$11.20	\$622.82	(\$114.00)	\$508.82

Public School Employees Retirees and/or spouses over age 65 with Medicare Part A & Part B - New Rates

Effective October 1, 2002 Public School Retirees 65 years and older with existing medical coverage, or new Public School Retirees 65 years and older with Medicare Parts A and B will receive a lower premium rate on the medical coverage than Public School Employees retirees under age 65.

In order to obtain the lower rates, the follow the following steps must be taken:

- 1. You must have Medicare Part A and Part B.
- All PSE retirees and spouses age 65 or older with Medicare A and B must send a copy of their Medicare card to their appropriate Health Carrier by August 1, 2002.
- 3. If the PSE retiree decides to change Health Carriers during Open Enrollment, they will need to notify the current carrier by August 1, 2002 and also attach a copy of their Medicare card to the Change Form. Please note: The retiree must notify the new Health Carrier as Medicare information will not be transferred between Health Carriers.
- 4. If the PSE retiree has Medicare A and B, but does not notify their current Health Carrier by the appointed date, correct deductions may not be made by the Retirement System for the October premium. Health Carriers will not refund the difference in premium. If the Medicare information is received by the 15th of the month, the lower retiree premium will be deducted the first month following receipt of the information. If the Medicare information is received after the 15th of the month, the lower retiree premium will not be deducted the following month.
- 5. Retirees reaching the age of 65 after October 1, 2002, will be responsible for sending the Health Carrier a copy of the Medicare card indicating Parts A and B have been purchased. The reduced premium will be deducted the first of the month following the receipt of the Medicare effective date information. Health Carriers will not refund the difference in premium for prior months.
- 6. The General Medicare Open Enrollment period is from January through March each year for a July 1st effective date. Retirees without Medicare Part B should contact the Social Security Administration about obtaining Part B coverage at 1-800-772-1213. Medicare Part B premiums are monthly and may go up 10% for each 12 month period that you could have had Part B but did not sign up for it, except in special cases.

- 7. If you change your health care carrier, you will need to notify the Medicare Coordination of Benefits contractor at 1-800 -999 -1118 with your changes. Please provide the name and address of your health plan, your policy number, the date the coverage changed or stopped and why. You will also need to provide this information for the new health carrier.
- 8. Please advise your physician and other health care providers about any changes in your insurance coverage or Medicare status.

Please refer to the cost comparison table on the next pages for additional details.



Cost Comparisons for

	Medical	Behavioral/EAP			
Employee Medicare Only					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$309.18 \$323.56 \$305.78 \$292.80 \$298.74	\$2.08 \$2.08 \$2.08 \$2.08 \$2.08			
Employee Medicare & Spouse					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$580.65 \$604.21 \$574.19 \$549.79 \$557.49	\$4.15 \$4.15 \$4.15 \$4.15 \$4.15			
Employee Medicare & Child(ren)					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$429.44 \$447.88 \$424.70 \$406.66 \$413.38	\$3.32 \$3.32 \$3.32 \$3.32 \$3.32			
Employee Medicare & Spouse & Child	ren)				
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$582.24 \$605.98 \$575.88 \$551.42 \$559.14	\$6.85 \$6.85 \$6.85 \$6.85 \$6.85			
Employee Medicare & Spouse Medicare					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$580.65 \$604.21 \$574.19 \$549.79 \$557.49	\$4.15 \$4.15 \$4.15 \$4.15 \$4.15			
Employee Medicare & Spouse Medicare & Child(ren)					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$582.24 \$605.98 \$575.88 \$551.42 \$559.14	\$6.85 \$6.85 \$6.85 \$6.85 \$6.85			

Medicare Eligible

Prescription Drug	Total Monthly Premium	Retirement Subsidy	Total Monthly Employee Cost
\$87.91	\$399.17	(\$88.77)	\$310.40
\$87.91	\$413.55	(\$88.77)	\$324.78
\$87.91	\$395.77	(\$88.77)	\$307.00
\$87.91	\$382.79	(\$88.77)	\$294.02
\$87.91	\$388.73	(\$88.77)	\$299.96
\$162.79	\$747.59	(\$88.77)	\$658.82
\$162.79	\$771.15	(\$88.77)	\$682.38
\$162.79	\$741.13	(\$88.77)	\$652.36
\$162.79	\$716.73	(\$88.77)	\$627.96
\$162.79	\$724.43	(\$88.77)	\$635.66
\$121.09	\$553.85	(\$88.77)	\$465.08
\$121.09	\$572.29	(\$88.77)	\$483.52
\$121.09	\$549.11	(\$88.77)	\$460.34
\$121.09	\$531.07	(\$88.77)	\$442.30
\$121.09	\$537.79	(\$88.77)	\$449.02
\$163.26	\$752.35	(\$88.77)	\$663.58
\$163.26	\$776.09	(\$88.77)	\$687.32
\$163.26	\$745.99	(\$88.77)	\$657.22
\$163.26	\$721.53	(\$88.77)	\$632.76
\$163.26	\$729.25	(\$88.77)	\$640.48
\$162.79	\$747.59	(\$88.77)	\$658.82
\$162.79	\$771.15	(\$88.77)	\$682.38
\$162.79	\$741.13	(\$88.77)	\$652.36
\$162.79	\$716.73	(\$88.77)	\$627.96
\$162.79	\$724.43	(\$88.77)	\$635.66
\$163.26	\$752.35	(\$88.77)	\$663.58
\$163.26	\$776.09	(\$88.77)	\$687.32
\$163.26	\$745.99	(\$88.77)	\$657.22
\$163.26	\$721.53	(\$88.77)	\$632.76
\$163.26	\$729.25	(\$88.77)	\$640.48



	Medical	Behavioral/EAP
Employee Medicare Only		
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$333.75 \$349.27 \$330.07 \$316.05 \$322.47	\$2.08 \$2.08 \$2.08 \$2.08 \$2.08
Employee Medicare & Spouse		
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$626.63 \$652.21 \$619.81 \$593.47 \$601.79	\$4.15 \$4.15 \$4.15 \$4.15 \$4.15
Employee Medicare & Child(ren)		
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$463.51 \$483.47 \$458.43 \$438.97 \$446.21	\$3.32 \$3.32 \$3.32 \$3.32 \$3.32
Employee Medicare & Spouse & Ch	ild(ren)	
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$628.62 \$654.10 \$621.64 \$595.24 \$603.56	\$6.85 \$6.85 \$6.85 \$6.85 \$6.85
Employee Medicare & Spouse Medi	care	
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$580.65 \$604.21 \$574.19 \$549.79 \$557.49	\$4.15 \$4.15 \$4.15 \$4.15 \$4.15
Employee Medicare & Spouse Medi	care & Child(ren)	
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$582.24 \$605.98 \$575.88 \$551.42 \$559.14	\$6.85 \$6.85 \$6.85 \$6.85 \$6.85

Not Medicare Primary

Prescription Drug	Total Monthly Premium	Retirement Subsidy	Total Monthly Employee Cost
\$79.92	\$415.75	(\$88.77)	\$326.98
\$79.92	\$431.27	(\$88.77)	\$342.50
\$79.92	\$412.07	(\$88.77)	\$323.30
\$79.92	\$398.05	(\$88.77)	\$309.28
\$79.92	\$404.47	(\$88.77)	\$315.70
 \$147.99	\$778.77	(\$88.77)	\$690.00
\$147.99	\$804.35	(\$88.77)	\$715.58
\$147.99	\$771.95	(\$88.77)	\$683.18
\$147.99	\$745.61	(\$88.77)	\$656.84
\$147.99	\$753.93	(\$88.77)	\$665.16
\$110.08	\$576.91	(\$88.77)	\$488.14
\$110.08	\$596.87	(\$88.77)	\$508.10
\$110.08	\$571.83	(\$88.77)	\$483.06
\$110.08	\$552.37	(\$88.77)	\$463.60
\$110.08	\$559.61	(\$88.77)	\$470.84
\$148.42	\$783.89	(\$88.77)	\$695.12
\$148.42	\$808.37	(\$88.77)	\$720.60
\$148.42	\$776.91	(\$88.77)	\$688.14
\$148.42	\$750.51	(\$88.77)	\$661.74
\$148.42	\$758.83	(\$88.77)	\$670.06
 \$147.99	\$732.79	(\$88.77)	\$644.02
\$147.99	\$756.35	(\$88.77)	\$667.58
\$147.99	\$726.33	(\$88.77)	\$637.56
\$147.99	\$701.93	(\$88.77)	\$613.16
\$147.99	\$709.63	(\$88.77)	\$620.86
\$148.42	\$737.51	(\$88.77)	\$648.74
\$148.42	\$761.25	(\$88.77)	\$672.48
\$148.42	\$731.15	(\$88.77)	\$642.38
\$148.42	\$706.69	(\$88.77)	\$617.92
\$148.42	\$714.41	(\$88.77)	\$625.64



Cost Comparison for COBRA Participant

This chart shows your monthly cost.

	Medical	Behavioral EAP	/Prescription Drug	n COBRA Admin Fee	Total Monthly Premium
Employee Only					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$178.59 \$181.15 \$173.25 \$165.89 \$167.03	\$4.29 \$4.29 \$4.29 \$4.29 \$4.29	\$47.73 \$47.73 \$47.73 \$47.73 \$47.73	\$4.61 \$4.67 \$4.51 \$4.37 \$4.39	\$235.22 \$237.84 \$229.78 \$222.28 \$223.44
Employee & Spouse					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$498.28 \$505.38 \$483.38 \$462.84 \$466.00	\$8.58 \$8.58 \$8.58 \$8.58 \$8.58	\$128.69 \$128.69 \$128.69 \$128.69 \$128.69	\$12.71 \$12.85 \$12.41 \$12.01 \$12.07	\$648.26 \$655.50 \$633.06 \$612.12 \$615.34
Employee & Child(ren)					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$321.47 \$326.07 \$311.85 \$298.61 \$300.63	\$6.86 \$6.86 \$6.86 \$6.86 \$6.86	\$83.92 \$83.92 \$83.92 \$83.92 \$83.92	\$8.25 \$8.35 \$8.05 \$7.79 \$7.83	\$420.50 \$425.20 \$410.68 \$397.18 \$399.24
Employee & Family					
BCBS PPO QualChoice POS Health Advantage POS Health Advantage HMO QualChoice HMO	\$500.05 \$507.19 \$485.11 \$464.51 \$467.67	\$14.15 \$14.15 \$14.15 \$14.15 \$14.15	\$129.15 \$129.15 \$129.15 \$129.15 \$129.15	\$12.87 \$13.01 \$12.57 \$12.17 \$12.23	\$656.22 \$663.50 \$640.98 \$619.98 \$623.20